

## APPLICATION FOR ADJUDICATOR MEMBERSHIP

Please complete ALL sections as fully as possible and return to the above address. Use **black ink** and CAPITALS where appropriate, please. All information given will be treated in the strictest confidence and will not be divulged to third parties. **The completed application should be received by us within 6 weeks of the date sent.**

Please indicate which if applying for Full Membership or Trainee Membership (please tick box)

Full Membership ☐

Development Programme ☐

### SECTION ONE - PERSONAL DETAILS

SALUTATION (MR, MRS, MISS, DR, MS, Prof.)		
FIRST NAME		
SURNAME		
Address		
Postcode		
Telephone No.		
Mobile No.		
Email address		
Date of Birth		
Degrees & Diplomas		
Present Occupation		

**SECTION TWO – DATES & DETAILS OF MUSICAL TRAINING / EDUCATION**

Dates (in order please)		Institution	Qualification(s) gained	Principal Study/ Principal Areas of Study
From	To			

**SECTION THREE - COURSES: CONTINUING PROFESSIONAL DEVELOPMENT**

Date	Organising Body	Qualifications/Experience gained/Course content

**SECTION FOUR – TEACHING EXPERIENCE (Class Teaching, Instrumental etc...)**

Date		Institution	Ages taught	Details
From	To			

Areas of Special Responsibility undertaken:

<p>Please note other relevant points relating to teaching those with disabilities and/or special needs:</p>
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<b>SECTION FIVE – Performing Experience</b>	
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Please details of the ensemble groups you have performed with

[illegible]

Please give details of any solo performances you have undertaken

[illegible]


SECTION SIX – CONDUCTING EXPERIENCE			
Please give details of your conducting experience			
Dates	Ensemble	Event	Dates

SECTION SEVEN – ADJUDICATION EXPERIENCE	
EXPERIENCE AS AN ADJUDICATOR	

Date	Contest	Sections Adjudicated

EXPERIENCE OF ADDRESSING AN AUDIENCE

**Has a complaint ever been made against you in a work related or banding context? If yes, please give details and outcome. This section, as per the whole application, is treated confidentially and may not necessarily affect the decision on your application.**

## SECTION EIGHT – REFEREES

Please provide the names of two referees who are willing to support your application

1	Name	Address
		Telephone:
		Email:
2	Name	Address
		Telephone:
		Email:

### Criminal Convictions

Please indicate, by ticking the appropriate box, if you have any current or pending Criminal Convictions which may affect your ability to adjudicate. Ticking YES does not necessarily bar you from becoming a member.

No ☐

YES ☐

### DECLARATION

I wish to apply for Adjudicator Membership of The Association of Brass Band Adjudicators and I have read the paperwork that accompanies this form and have provided a **handwritten** covering letter as required. I certify that the information I have supplied is correct at the time of writing and understand that if subsequent information comes forward contrary to what has been submitted; appointment to the panel may be withdrawn or suspended but not before an opportunity to discuss and rectify such inconsistencies has taken place.

Signed ..... Date

### Data Protection Statement

The information which you give when completing your application form will be used in accordance with the Data Protection Act 1998 and for the following purposes: to enable the organisation to create an electronic and paper record of your application; to enable the application to be processed; to enable the organisation to compile statistics, or to assist other organisations to do so, provided that no statistical information that

would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary.